

SUBR Domestic Subrecipient Profile Questionnaire

How to use: The questionnaire is used to help determine a subrecipient organization's financial and management strength, which helps assess risk and dictates the monitoring plan for domestic subrecipients. The questionnaire must be completed and signed by the subrecipient prior to the issuance of a subaward.

Section A: SUBR Proposal Information

SUBR Proposal Number:

Name of SUBR PI:

SUBR PI Department:

Prime Sponsor:

Project Title:

Section B: Subrecipient Eligibility

Is your organization or your organization's principals presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in this transaction by any federal department or agency?

Yes No

If yes, please skip the rest of the questionnaire, sign and return the questionnaire to osp@subr.edu.

Section C: Subrecipient Determination

Is your organization properly categorized as a subrecipient in accordance with 2CFR200.330?

Yes No

Section D: Subrecipient Organization Information

Please fill out the information below, as appropriate.

1. Complete address and contact information:

Name of Your Organization:

Address:

Fax:

Phone:

URL:

Email:

Incorporated Date:

Incorporated in:

Congressional District:

Number of Employees:

EIN:

UEI Number:

Expiration Date of Current registration: _____

Reg. in SAM? Yes No

2. Type of organization (check all that apply):		
<input type="checkbox"/> University	<input type="checkbox"/> Louisiana State	<input type="checkbox"/> Other State (non-LA)
<input type="checkbox"/> Non-Profit Org	<input type="checkbox"/> For-Profit Org	<input type="checkbox"/> Foundation
<input type="checkbox"/> Federal Government	<input type="checkbox"/> Foreign Entity	<input type="checkbox"/> Other: _____
3. Organization classification (if applicable):		
<input type="checkbox"/> Large Business	<input type="checkbox"/> Small Business	
<input type="checkbox"/> Historically Black College / University	<input type="checkbox"/> Small Disadvantaged Business	
<input type="checkbox"/> Historically Underutilized Business Zone	<input type="checkbox"/> Woman-Owned	
<input type="checkbox"/> Minority Institution / Owned	<input type="checkbox"/> Individual	
<input type="checkbox"/> Tribal	<input type="checkbox"/> Volunteer Organization	
<input type="checkbox"/> Veteran-Owned	<input type="checkbox"/> Other: _____	
4. Fiscal year dates (month and year):		
5. Name of designated federal cognizant agency, if applicable:		
6. Negotiated Federal Facilities and Administrative rate (F&A):		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, please attach a copy of your current rate agreement or provide the URL. If no, a de minimis rate of 10% of MTDC will be used in accordance with 2CFR200.414.		
7. Required to comply with OMB Uniform Guidance Subpart F – Audit Requirements:		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Audit Contact Name and Title:		
Address:		
Email:		
Auditee Name Filed Under:		
<i>(exact legal name under which your audit report is filed in the Federal Audit Clearinghouse Internet site at http://harvester.census.gov/sac/)</i>		
EIN Filed Under:		
8. Has your organization received any audit findings or have any material weaknesses been identified in either of the two preceding fiscal years?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If Yes, please provide a copy of or link to your audit report if it is not available through the Federal Audit Clearinghouse.		

9. Does organization have on-going direct Federal awards? (2CFR200.331)

Yes No

If Yes, do any such federal awards come from the same Federal awarding agency which funds this project?

Yes No

If your organization has no on-going direct federal awards, do you have on-going indirect federal awards (i.e. federally funded subawards)?

Yes No

If Yes, please provide the name of the Federal agency, the prime recipient, project title, subaward period and subaward amount for at least five of these subawards.

10. Do policies and/or procedures exist that address:

a. Pay Rates and Benefits? Yes No

b. Time and Attendance? Yes No

c. Leave? Yes No

d. Travel? Yes No

e. Purchasing Yes No

f. Use of Animals/HumanSubjects/Recombinant DNA? Yes No

g. Conflict of Interest? Yes No

h. Export Control? Yes No

If yes to any of the above, please attach a copy of the relevant policy, or the URL. Note: Approved DS-2 can be provided in lieu of policies related to a-e above.

11. Does Subrecipient's scope of work involve regulatory compliance considerations (e.g. IRB, IACUC, Export Control, etc.)?

Yes No

If yes, please explain:

12. Describe the method by which labor and fringe benefits are assessed on sponsored projects

13. Is Government property inventory maintained that identifies purchase date, cost, vendor, description, serial number, location, and ultimate disposition data?

Yes No

14. Has any new system been recently put in place or has there been any change to the existing system (e.g. accounting, information, management, etc.)? (2CFR200.331)		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If Yes, please explain		
NOTE: Answer the remaining questions below only if answer to questions 6 or 7 is "No"		
15. Has organization in the preceding fiscal year expended any federal funds in either direct or indirect Federal awards?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If Yes, please indicate the expenditure amount:		
16. Have annual financial statements been audited by an independent audit firm? If yes, provide a copy of the statements for the most current fiscal year.		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
17. Does organization adhere to Subpart E Cost Principles of 2CFR200 under the proposed subaward?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
18. Does organization have a financial management system that provides records that can identify the source and application of funds for award-supported activities?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
19. Does the financial system provide for the control and accountability of project funds, property, and other assets?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Authorized Organizational Official:		
Name: _____		
Title: _____		
Signature: _____		
Date: _____		